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MEDICAL REPORT

OF

THE CASE OF MISS H—— M——.

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P R E F A C E.

THE publication of the following case is forced upon me, in some degree, by the general interest which it has excited, but, especially by the misapprehensions which have arisen and been extensively circulated through the medical and other journals, respecting the correctness of the opinion I had entertained of its nature, and the treatment pursued for its relief.

In laying a full, but concise history of it before the profession, I need scarcely declare that I have the entire concurrence of the patient ; whose high sense of duty both to other sufferers from similar disease, and to myself, as her medical attendant, during the long period of her confinement as an invalid, enables her to lay aside

those feelings of false delicacy which might have led many, of less firmness of purpose, to shrink from the explanation of the precise causes of such continued suffering, although, scarcely any one was ignorant of their general character.

How far the relief from the sympathetic nervous distress, attendant on this case, is to be attributed to the direct agency of mesmerism—whether it has acted by a power *sui generis*, or by supplying a powerful and well-timed stimulus to the mind, and thus acting through the imagination and the will, is a question which every one must be left to answer for himself, after a careful consideration of the facts related in the following pages and in the communications to the *Athenæum*, lately supplied by the patient herself.

The numerous and striking claims in favour of mesmerism, emanating from so many sources, have, at length, rendered it a subject of serious and philosophical inquiry, which can no longer be resisted by the members of the medical profession. It is by them only that its pretensions can

be properly weighed—and it certainly behoves them to enter on the inquiry with candid and unprejudiced minds.

If there be such a power, careful investigation will, doubtless, enable them to detect it beyond dispute ; and they will presently be prepared by the accumulation of facts, if not to determine its precise nature, at any rate, to ascertain its modes of operation and to define its capabilities and proper limits.

It is in this spirit of calm and dispassionate inquiry, that I have myself entered on the investigation, though I must admit that my efforts have not yet been attended with any results confirmatory of the powers of mesmerism ; but I shall proceed circumspectly in my experiments, till repeated failures shall either confirm my doubts, or positive practical results remove them ; in which case, I shall not fail to make such results known to the profession.

T. M. GREENHOW.

Newcastle-upon-Tyne,

Dec. 14, 1844.



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C A S E.

IN a letter from Venice, dated June 14th, 1839, Miss H. M., æt. 37, first communicated to me her early feelings of indisposition. During the preceding year she had been sensible of a “great failure of nerve and spirits, and of strength.” Frequently she experienced sharp pain in the uterine region. The Catamenia became more frequent, occurring every two or three weeks; and a very irritating discharge, of a brown or yellowish colour, took place in the intervals.

The irregular uterine discharges continued, occasionally mixed with clotted blood, and she suffered from many distressing nervous symptoms, evidently arising from uterine irritation; “inability to stand or walk, aching and weariness of the back, extending down the legs to the heels;” “tenderness and pain, on pressure, in the left groin, extending by the hip to the back. The spirits became much depressed, and the

power of enjoyment was gone." At the same time, "a *membranous substance*, like the end of a little finger," was discovered projecting from the os uteri.

This substance is described in the following terms, in a letter to Dr. Nardo, of Venice, who was consulted on the occasion, by a friend who accompanied Miss H. M. on her journey. "Twice there has been a discharge similar in colour and substance to blood. Two days ago it was found, that from the same passage (vagina) was protruding the extremity of a solid substance, totally insensible, of a reddish-brown colour, in form resembling the end of a bullock's tongue, with a decided edge or point—it can be pushed back without difficulty or pain, but it falls again." Dr. Nardo, who had no opportunity of actual examination, conjectured either Prolapsus Uteri or a Polypus tumour, of a fibrous nature, to be the occasion of these appearances; and recommended the careful avoidance of violent motion, and all that was found to increase indisposition.

The following extract from a letter, dated Lucerne, July 6, 1839, seems to fix the period when one character of the complaint, which will be presently noticed more particularly (*Retroversion of the Uterus*), took place:—"I

cannot walk without injury, as I said, and keep my feet laid up, and my knees somewhat raised, as the easiest posture. I began to use the syringe, as you and Dr. Nardo recommended: it was a great relief, but in *three days* there was *no room for it*, and on this account I have never been able to use it since. I discontinued the sponge, finding it irritating, as you say, and it is not now *necessary*."

The use of the sponge as a pessary, and the syringe for injecting tepid water, or other fluid, into the vagina, is referred to in this passage, and needs no comment; it is the occupation of the cavity of the vagina by the enlarged and retroverted uterus, which I wish to be held in view, as throwing some light on the subsequent history of the case.

In the end of July, 1839, Miss H. M. arrived in Newcastle, and placed herself under my care. She was then suffering from the various morbid nervous sensations already described; and though she continued to take moderate walking exercise, it was attended with great discomfort and inconvenience. There was no difficulty in referring the whole train of symptoms to some organic or functional derangement of the uterus: and an examination was soon instituted to ascertain its proper character.

The uterus was found large, retroverted, and fixed low down in the vagina, the os and cervix uteri occupying the anterior part of the cavity, and the body and fundus of the organ passing horizontally backwards, till the latter approached the sacrum. The enlarged uterus thus occupying the antero-posterior diameter of the pelvis, pressed, respectively, against the urethra and neck of the bladder and the lower part of the rectum; and the embarrassment occasioned by this pressure produced corresponding symptoms, which were often the occasion of great uneasiness and inconvenience. While the fundus uteri extended backwards towards the sacrum, the cervix was bent downwards behind the pubes, nearly at a right angle, and hanging from the lip was a small polypus, which was soon removed; but without any alleviation of symptoms. I was assured by my patient that the projecting body, which showed itself at Venice, was different from, and much larger than, this small polypus; and though the os uteri was not dilatable with the finger, and, from its preternatural position, was in a very unfavourable condition for the exclusion of any body contained within the uterus, I was for some time led to hope that another and larger polypus might again make its appearance. Notwithstanding the use of suitable

measures—warm baths and ergot of rye—to promote this object, my expectations were disappointed; and the treatment of the case soon resolved itself into the employment of appropriate palliatives.

The tenderness in the left groin was somewhat relieved by leeches. The increasing difficulty of bearing exercise, however moderate, soon rendered rest absolutely necessary; and the feelings of nervous discomfort indicated recourse to opiates, from which, though always used in great moderation, much relief was obtained. One of the most distressing symptoms which subsequently supervened, was an oppressive sickness, frequently amounting to retching; and much difficulty in micturition and in emptying the bowels was occasioned by the pressure of the uterine tumour. From the same cause arose the distressing pains down the lower extremities, frequently extending to the heels. The abdomen became considerably distended during the progress of these symptoms; but this arose more from a general distension and fulness of the bowels, from flatus and other contents, than the enlargement of the uterus, which could never be felt rising above the brim of the pelvis: though its increased size, doubtless, by pushing the abdominal viscera upwards,

tended in some measure to produce a general enlargement of the figure.

It not unfrequently happened, although, by the use of gentle aperients or emollient injections, a pretty regular action of the bowels was secured, that a gradual accumulation of their contents took place, giving rise to increased distress ; which required the use of more active purgatives for its relief. An occasional attack of more acute disease from accidental causes—for example, a large abscess in the throat, or severe gastrodynia (from which Miss M. suffered long and acutely many years ago), was superadded to the ordinary symptoms arising from the local disease, aggravating their intensity, and leaving for a time the feeling of increased debility and inaptitude for physical exertion. The constant and distressing aching in the back rendered it painful to rest upon the sacrum in reclining on the sofa ; and some relief was obtained by resting in a prone position. A couch, contrived for this purpose, was found a source of much comfort to the patient.

So little variation took place in the character of the symptoms, or the pathological condition of the affected organ, as to render needless minute details of continued morbid feelings, or of the treatment suggested for their relief.

In 1840 I made a statement of the case in writing to Sir Charles M. Clarke, who concurred with me in thinking that rest and palliative treatment, the general health being carefully maintained, could alone be depended upon.

In September, 1841, Sir Charles M. Clarke having occasion to visit this part of the country, I had an opportunity of availing myself more directly of his opinion.

After a very careful investigation of the case, Sir Charles gave an opinion verbally, which I was induced afterwards to request him to express in writing. In a note dated September 30th, 1841, he says,—“ It was my intention to say that I perfectly agreed with you as to the nature of the complaint, that the Disease was an enlargement of the BODY of the Uterus; that the NECK of that organ was perfectly healthy; that although the majority of these cases of enlargement of the BODY of the uterus did not yield to external applications or to internal remedies, that, nevertheless, the disorder produced mechanical symptoms only, and *did not lead to any fatal result*, to which termination Disease of the *Neck* of the Uterus did lead.

“ Farther, I mentioned that in an instance or two I *had* known such complaints as Miss M.’s subside, and that I would suggest the employ-

ment of certain means for this desirable purpose.” The means proposed by Sir Charles M. Clarke was the continued external use of Iodine Ointment.

To this measure my patient had so decided an objection, that she could not be prevailed upon to carry it into effect. It was on this account that I was induced to propose a course of Iodide of Iron, which, with few and short intervals, was persevered in till July or August of the present year. Under the use of this medicine the distressing sickness was greatly mitigated, the appetite improved, some morbid feelings were alleviated, and an increased tone of general bodily health, as well as of mental energy, showed itself. The following extract from a note written in September, 1843, will show her own opinion of its effects at that time:—“ I suppose I owe my much improved comfort mainly to them (the pills of iodide of iron); indeed, it is very great. The pulling and sinking—the mechanical troubles as one may call them—of course continue, but the almost total absence of sickness, and the striking lessening of the ‘distress’ are such a comfort to me!” Occasional, but not very frequent examinations took place into the pathological condition of the affected organ, but no appreciable change could be discovered, except the appear-

ance of a membranous substance at the os uteri, which, generally, scarcely protruded beyond its lips, though occasionally it was described as of larger extent. This was said to resemble the appearance observed at Venice, though of smaller dimensions. This substance evidently proceeded from the interior of the uterus, and had no attachment to the neck, the point of the finger passing round it on all sides. Its appearance naturally gave rise to the renewed supposition that the uterus might contain a preternatural growth of a polypus character, the separation and discharge of which might be effected by time.

On the 2nd of April, 1844, I was first enabled to detect a slight change in the condition of the uterus. The attachment of the fundus was less fixed, and it could be slightly raised from its position. The membranous pendicle described above, and the general position of the organ, remained as on former examinations.

In the beginning of June, Miss M. suffered much from an attack of indigestion, with disordered and loaded bowels. The symptoms proper to the organic affection, especially the distressing pain in the back, were for a time increased; and while proper means were resorted to for the correction of visceral derangement, a Plaster with Belladonna was applied to the sacral region, from

which but slight relief was obtained. The unwonted symptoms of indisposition had subsided, when, on June 22nd, the Mesmeric treatment was commenced, of which a full account has been published in the Athenæum by Miss M. From this time she ceased to be properly under my care, though her accustomed remedies were not yet laid aside. I shall therefore pass over the interval till September 4th, on which day I carefully repeated my examination, and found, as on April 2nd, that the posterior connections of the uterus were less fixed than formerly. The retroversion continues, but the fundus, which rests against the rectum and sacrum, feels looser, and admits of being raised to some extent with the finger in vaginam.

The uterus feels altogether less firm, and more yielding in its substance, and the os uteri is to a certain extent dilatable, yielding to the finger in a slight degree more than formerly. Within, and slightly projecting from the os uteri, can be felt *two* substances, which convey to the finger a sensation as if two lumbrici, of moderate size, hung through the mouth of the uterus. These membranous projecting bodies are said, on pressure, occasionally to exude a reddish discharge. In addition to the knowledge obtained by this examination, Miss M. supplied me with the fol-

lowing reports of herself, at this and several succeeding visits which I made her, previous to the next and final examination into the pathological condition of the uterus, on December 6th. On this day, (September 4th,) she informed me that the Catamenia which for many years had taken place at shorter intervals than natural, (every two or three weeks) have resumed their natural course. That the breasts have increased in bulk. The Pills of Iodide of Iron, and all aperients, have been discontinued, the bowels having lately acted with ease and regularity. The use of opiates has been greatly diminished by Enema, and internally, altogether omitted. The sickness and other gastric inconveniences have ceased; the irritation in the rectum and neck of the bladder are no longer complained of;—quietude and repose have succeeded to restlessness and irritability; and the nervous system has acquired a greatly improved tone.

11th.—Miss M. continues comfortable, with greatly diminished doses of the opiate; other medicines unnecessary. Has this day been in the garden for some time laid on a sofa cushion.

21st.—Miss M. reports favourably in all respects of herself. Opiate reduced to a very small dose. Yesterday walked round the Castle yard; to-day, the same, with the addition of a

walk to the Haven — feels somewhat tired, but no other uneasy effects.

October 8th.—Miss M. informed me that she can now take long walks—to-day, two miles and a half. Has discontinued opiates for five days. At first the nights were bad. Last night she slept well, having taken a small quantity of warm brandy and water. No irritation is now felt at the neck of the bladder. Some pressure still on rectum, but otherwise feels well. Bowels regular without medicine.

December 6.—Again I made a careful examination into the state of Miss M. The fundus uteri is more disengaged than at the last examination, and admits of being raised somewhat higher. It is certainly *less fixed*, and in this respect has improved at each time of examination since April 2nd, when the first degree of improvement was observed. The retroversion continues, the fundus still extending towards the sacrum, while the os uteri approaches the pubes—the organ remains large and firm, and is yet turned back nearly at a right angle from the cervix uteri. The two membranous pendicles remain hanging out of the os uteri, as at the last examination. The health is represented as quite good, and the catamenia as regular—the nervous pains and irritations having all subsided. The person is less

but, as abdominal distension depended principally upon the gaseous and other contents of the intestines, and in a slight degree only, on the uterine tumour, it is probable that renewed habits of activity have greatly contributed to restore the symmetry of the person in this respect.

I have purposely avoided interrupting the narrative of the case by details of the medicines prescribed. But I shall here append the prescriptions employed, except on particular emergencies, during the last three years. A glance at them will suffice to show how erroneous is the supposition entertained by many persons that Miss M. was in the habit of seeking relief in large and unmeasured doses of opium.

1. Anodyne Lotion.

R Misturæ Camphoræ.

Mist. G. Acaciæ, āā ʒviii.

Tincturæ Opii. ʒvii. M.

One ounce to be injected into the rectum every alternate day.

2. Anodyne Pills.

R Pilulæ Rhei. co. gr. xviii.

Mur. Morphicæ, gr. iii. M. et divide in Pilul. xii.

One anodyne pill to be taken every alternate day, and occasionally when suffering more than ordinary distress.

3. Aperient Pills.

R Ext. Colocynth. co.

Ext. Hyoseyami, āā ʒi. M. et divide in Pilul. xxiv.

Two aperient pills to be taken every alternate night, between the use of the anodyne injection.

4. Tonic Pills.

R Ferri. Iodidi.

Pulv. Zingib. āā gr. xxx, Cons. q. s. ut ft. Pilul. xxx.

One tonic pill to be taken three times a day.

Before the use of the anodyne lotion, it was occasionally found necessary to empty the rectum, by means of a common domestic injection.

I have endeavoured to render the preceding sketch comprehensive and concise, avoiding equally unnecessary details, and omitting nothing essential to the full comprehension of the true character of the case. Knowing well that no symptoms of malignant disease of the affected organ existed, I always believed that a time would arrive when my patient would be relieved from most of her distressing symptoms, and released from her long continued confinement. The catamenial crisis appeared the most probable period, but I did not despair of this happening sooner; though she never willingly listened to my suggestions of the probability of such prospective events, and seemed always best satisfied with anything approaching to an admission that she must ever remain a secluded invalid. This state of mind, perhaps, may be considered as an additional symptom of the morbid influence over

the nervous system, of the class of diseases in which this case must be included.

During the last year or two, in common with many of the friends of Miss M., I had frequent opportunities of observing the increased ease and freedom with which she moved about her sitting-room ; and my conviction became confirmed, that the time was approaching when she would resume her habits of exercise in the open air. Oftener than once I have made use of the somewhat strong expression, that some day, probably before long, Miss M. *would take up her bed and walk.*

In the history of this case it is probable that the advocates of mesmerism will find reasons and arguments in support of their opinions. But the experienced practitioner, carefully distinguishing the *post hoc* from the *propter hoc*, will have little difficulty in bringing the whole into harmony with the well-established laws of human physiology.

As regards the pathology of the case, he will conclude that the condition of the uterus in December is but the natural sequel of progressive improvement begun in, or antecedent to, the month of April ; and as regards the relief from the distressing nervous symptoms connected therewith, that the time had arrived when a new

and powerful stimulus only was required, to enable the enthusiastic mind of my patient to shake them off.

After bestowing my best consideration on the subject, this is the conclusion which most strongly forces itself on my own mind.

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